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A good start for every child

UNICEF programming to improve immunization services and child health, reduce the burden of vaccine-preventable disease and eradicate polio

Summary

Immunization is one of the most cost-effective and "do-able" public health interventions that saves the lives of 3 million children each year and can save 2 million more. Furthermore, immunization contributes to improved human development and the reduction of poverty by preventing disease, increasing the learning capacity of children and reducing health care expenditures of families. With new vaccines against major diseases of public health importance under way, strengthening immunization services will be even more important for child survival and development.

UNICEF is committed to collaborating with partners in Government, communities, the private sector, United Nations agencies, development agencies and non-governmental organizations (NGOs) to support the development of immunization systems as part of integrated approaches to ensure "a good start for every child".

UNICEF programming in the area of immunization combines vitamin A supplementation as an integral component of immunization services. UNICEF directs support to countries in strengthening routine immunization, eradicating polio, eliminating maternal and neonatal tetanus, and reducing measles mortality, with a focus on countries with low coverage and/or high disease burden. Responding to emergencies to ensure timely immunization and vitamin A supplementation is part of

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UNICEF immunization activities. (For further information, there is a UNICEF web site (*www.unicef.org*) and links from this web site to other immunization-related sites.)

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I. The UNICEF commitment

1. UNICEF is committed to ensuring "a good start for every child", by strengthening immunization services as part of an integrated approach to survival and development in early childhood. Immunization programmes save the lives of 3 million children every year, and improved immunization services for infants and mothers could save the lives of 2 million more children and prevent 1 million premature deaths in adulthood every year. Through strengthening immunization services, UNICEF is also contributing to overall health and nutrition and, thereby, to longer-term poverty reduction and the realization of children's rights.

2. UNICEF continues to strengthen its strategic and programmatic collaboration with the World Health Organization (WHO). The strong partnership emphasizes coordination, collaboration and complementarities, especially at country level, with support at regional and global levels.

3. UNICEF is committed to collaborating with Global Alliance for Vaccines and Immunization (GAVI) partners at country, regional and global levels to bring immunization services to children as part of sustainable basic health services, and to reduce the burden of vaccine-preventable diseases. GAVI is the kind of partnership that will enable the Global Movement for Children to bring about measurable change in the lives of children in one generation.

4. UNICEF, along with the Global Polio Partners, is committed to support efforts to eradicate polio and certify that the world is polio free by 2005.

5. UNICEF is committed to support efforts to eliminate maternal and neonatal tetanus (MNT) from every country by 2005. Every year 215,000 newborns and 30,000 mothers die from MNT, mostly in 27 countries in Africa and Asia, and almost 900,000 children still die every year of measles.

6. UNICEF is committed to support global efforts to reduce measles mortality, the leading cause of vaccine-preventable child mortality, by one half by 2005.

7. UNICEF is providing programme support of approximately $100 million per year for immunization services to ensure a child's right to achieve the highest attainable standard of health. Immunization will be among the few organizational priorities that will be identified in the medium-term strategic plan (MTSP) for 2002-2005.

8. UNICEF will continue to maintain and strengthen its longstanding efforts to ensure affordable health commodities for women and children. As a global leader in vaccine supply, both for its own activities and GAVI, UNICEF is committed to developing innovative means of expanding its capacities to supply a wider range of commodities.

II. Strengthening immunization services

9. UNICEF has prioritized programme support in immunization to the poorest countries, with attention to those with the weakest immunization programmes and highest burden of vaccine-preventable diseases. In essence, UNICEF has been aiming to assist in the development of national and local capacities within countries in order for children to achieve the highest attainable level of health, thereby

ensuring "a good start for every child". Thus, UNICEF is contributing to building sustainable national health systems through the strengthening of immunization services.

10. Within each country, attention has been given to low performing districts so as to reach the target of at least 80 per cent coverage in every district. This approach was introduced in 1999 as a way of pursuing both higher coverage and equity. Although specific UNICEF support must depend on the country situation, the following areas have been important to UNICEF immunization programming:

(a) Identifying reasons for low coverage and supporting micro-planning by local and district teams to overcome the obstacles;

(b) Capacity-building of local governments and communities for participation in planning, implementation and monitoring;

(c) Improving vaccine management to reduce wastage and stock-outs, and to enable better forecasting for vaccines, and injection and cold-chain equipment;

(d) Improving monitoring of performance. As partners in GAVI, UNICEF and WHO are collaborating in reviewing the quality of data on immunization coverage; and developing ways to build in-country capacity to improve it, including developing new tools that will enable managers, as well as independent reviewers, to check the reliability of data;

(e) Improving injection safety. UNICEF, together with WHO, has been advocating for national Governments and funding partners to adopt the WHO/UNICEF/United Nations Population Fund (UNFPA)/International Federation of Red Cross and Red Crescent joint policy statement on injection safety. This policy calls for all immunization programmes to use only auto-disable syringes by the end of 2003. All countries applying to GAVI for resources from the Global Fund for Children's Vaccines are required to develop injection safety plans. The plans indicate the actions to be taken to comply with the joint policy, including promoting behaviour change and addressing waste management issues;

(f) Advocating to ensure sufficient government budget allotment for basic immunization services as well as to ensure adequate and stable external support;

(g) Advocating for the introduction of appropriate new vaccines into the immunization schedule;

(h) Promoting appropriate child-care practices at the household level to increase demand for and use of immunization services, including reducing drop-outs. Communication/social mobilization with families is an essential strategy to achieve this;

(i) Promoting birth registration to create a platform for reaching and accessing all children, and maintaining a system for follow up;

(j) Supporting the development and operationalization of innovative mechanisms to bring immunization services to hard-to-reach communities. Innovations include the development of sustainable outreach services and child health days that provide locally appropriate interventions, immunization and vitamin A supplementation, together with health promotion;

(k) Advocating for quality antenatal care for all pregnant women.

11. Recent progress has contributed to providing children with "a good start". For example, in Uganda, more children are now being protected from vaccine-preventable diseases owing to the strengthening of routine immunization, which succeeded in reversing the 1995-1999 backslide in immunization coverage.

III. Supply management as a component of strengthening immunization services

12. UNICEF has been strengthening supply services as a strategy to increase access to affordable, quality immunization services. UNICEF has been working with Governments, industry, in both industrialized and developing countries, WHO and other partners to continue building intelligence about the vaccine market and best commercial practices.

A. UNICEF is the largest buyer of vaccines

13. As of 2000, UNICEF supplied over 2.4 billion doses of vaccines to developing countries. Through procurement using UNICEF programme funds as well as through procurement services for Governments and donor agencies, UNICEF supplies vaccine for over one half of the world's children. The value of vaccines and safe injection equipment supplied through UNICEF exceeds $100 million annually. Yet the value of vaccines supplied through UNICEF is equal to less than 8 per cent of the world's expenditure on vaccines because UNICEF traditionally has purchased only vaccines that have been in the market for a substantial period of time and, thus, are less expensive.

14. As the world's largest buyer of vaccines, UNICEF is in a unique position to influence industry decisions, research and development, and to improve the quality of support to countries' supplies of vaccines received through UNICEF. However, the fact that UNICEF vaccine expenditures govern only a small percentage of the value of the market makes managing vaccine supply complex and challenging.

15. By strengthening its expertise in vaccine supply services, UNICEF is in a unique position to be a "pathfinder" for supplying and introducing other health commodities.

B. The UNICEF supply role in the Global Alliance for Vaccines and Immunization

16. On behalf of GAVI, UNICEF will supply an estimated $600 million of "underused" vaccines over five years for up to 40 million children. "Underused" vaccines are those currently in use as opposed to "new vaccines", which are being developed. The alliance has decided to support the following three types of vaccines: *Haemophilus influenzae* b (Hib), an important cause of pneumonia and meningitis; hepatitis B, which infects young children, causing liver cancer later in life; and yellow fever, where appropriate.

C. UNICEF continues to study factors influencing the supply of vaccines

17. In recent years, high income countries (HICs) (with a gross national product per capita greater than $9,500) have introduced new vaccines in their immunization schedules, and their routine vaccine schedules are now different from those in developing countries. Traditionally vaccine producers have largely followed the demand of HICs. In the past 18 months, there has been a rapid shift away from traditional expanded programme on immunization vaccine production, leading to difficulties in securing sufficient amounts of vaccines for developing countries.

18. Disease control and eradication initiatives have increased the overall demand for some vaccines. For example, polio eradication activities have greatly increased the demand for oral polio vaccine. Similar trends are expected in the demand for measles and tetanus toxoid vaccines.

19. It takes 18-24 months to produce vaccines. Substantial increases in production, requiring new production facilities, take much longer due mainly to regulatory requirements to register and qualify the new facilities for production. Thus, when supply and demand are close to equilibrium, the production cannot respond to sudden changes in demand. In fact, it may take some years before production can respond to demand.

20. In order to ensure the continued and reliable supply of affordable vaccines, accurate forecasting of requirements as well as reliable and stable financing are essential. The expected increases in demand and the differences in vaccines used in industrialized and developing countries make it important for UNICEF to be able to guarantee manufacturers longer-term contracts. Thus, UNICEF will need to work with Governments of both donor and developing countries to establish a mechanism that will allow such longer-term commitments.

IV. Participation in the Global Alliance for Vaccines and Immunization

21. GAVI is a new private/public partnership seeking to fill three gaps in preventing the vaccine disease burden. The allies in GAVI aim to ensure that all 30 million children still not receiving vaccinations will get these services; that as new life-saving vaccines are developed, children in developing countries will also benefit from them; and that the development of vaccines against diseases most prevalent in poorer countries, including pneumonia, diarrhoea, HIV/AIDS, malaria and tuberculosis, is encouraged. UNICEF will contribute to the GAVI goals by:

(a) Defining the vision and operational strategies of the initiative, together with its partners, through participation on the GAVI Board, the Working Group, task forces and regional working groups. UNICEF will also provide space and administrative support to the GAVI Secretariat. The Executive Director of UNICEF will assume the Chair of the Board for a period of two years beginning in mid-2001;

(b) Increasing advocacy and communication in support of immunization, including leading the Task Force on Advocacy and Communication, and supporting implementation of the GAVI advocacy and communication work plan;

(c) Assisting national Governments, through its country programmes of cooperation, to improve the management and delivery of immunization services as well as the demand for these services;

(d) Improving sustainability of immunization programmes by expanding the Vaccine Independence Initiative, which offers advocacy support, technical assistance, support to UNICEF supply services and, if needed, a credit mechanism with the possibility for repayment in local currency;

(e) Providing technical and programmatic support to countries receiving vaccines or cash grants from the Global Fund for vaccines, as recommended by the GAVI Board;

(f) Using its experience in vaccine supply to undertake the supply activities of the alliance.

22. The alliance partners have requested that the Global Fund for Children's Vaccine Trust Account be managed by UNICEF. It is expected that $150 million from the Gates Foundation, and at least an additional $150 million in matching funds from other donors, will flow annually through this account. Over $1 billion of new funding will be needed over the next five years to add the immunization of all children in the poorest countries against hepatitis B, Hib and yellow fever, as well as against pneumococcus, which is expected to become vaccine preventable in developing countries soon.

V. Polio eradication

23. Significant progress was made towards polio eradication in 2000 (see the report of the Executive Director (E/ICEF/2001/4 (Part II)) through extensive efforts by polio-endemic countries, in collaboration with the Global Polio Partners (especially, WHO, the United States Centers for Disease Control and Prevention (CDC) and Rotary International). Progress achieved included:

(a) A 65 per cent decline in polio cases from approximately 7,100 in 1999 to approximately 2,800 in 2000;

(b) A decrease in the number of polio-endemic countries from 30 beginning in 2000 to an estimated 20 by the end of the year.

24. Polio eradication is another example of a successful and powerful partnership in which UNICEF is engaged in the field of immunization. Collaboration, coordination and complementarities with WHO are essential. Support and collaboration with CDC as well as the vaccine industry have been important. Above all, the remarkable contribution of Rotary International and volunteer Rotarians at both global and field levels has been a pathfinder in private/public partnerships.

25. The UNICEF role in efforts to certify the world polio free by 2005 are:

(a) To support countries to develop communication strategies to mobilize communities and households to immunize children against polio and other vaccine-preventable diseases as well as to utilize vitamin A supplements;

(b) To support central and district health teams in the micro-planning of activities;

(c) To support advocacy and social mobilization at country, regional and headquarters levels;

(d) To engage in dialogue with vaccine manufacturers, monitoring the vaccine supply situation as well as the supply of vaccines and cold-chain equipment;

(e) To support countries in emergency and/or conflict situations through the presence of staff at strategic sub-offices who support implementation activities, including vaccine distribution logistics and dialogue to establish "days of tranquillity".

26. Although significant advances have been made in achieving the goal of eradicating and certifying polio by 2005, several challenges still need to be addressed:

(a) Access to immunization services in emergency/conflict areas;

(b) Political will and commitment to immunize entire populations;

(c) Continued funding commitment until certification.

27. To continue to call, at the highest political level, for commitment by polio-endemic countries and donor countries to the target date for polio eradication, UNICEF and WHO, together with CDC and Rotary International, organized the Global Polio Partners' summit on 27 September 2000 at United Nations Headquarters. This event brought together more than 350 individuals from polio-endemic countries, donor agencies, foundations, the private sector, organizations of the United Nations system, NGOs and humanitarian groups. The Summit was opened by United Nations Secretary-General Kofi Annan. Dr. Gro Brundtland, Director-General of WHO, launched the Global Polio Eradication Initiative Strategic Plan 2001-2005, and the participants endorsed a joint pledge to overcome the three challenges towards the successful global eradication of polio and certification of the world polio free by 2005.

28. For the last phase of eradication, UNICEF is committed to intensifying support and activities in countries where extra efforts are necessary to reach the goal of global certification by 2005. These countries are Afghanistan, Angola, the Democratic Republic of the Congo, Ethiopia, Nigeria, Pakistan, Somalia and Sudan. UNICEF, WHO and other partners have played a key role in ensuring "days of tranquillity" in Afghanistan and other conflict-torn areas to ensure successful National Immunization Days.

VI. Elimination of maternal and neonatal tetanus

29. The goal of reducing neonatal tetanus cases to fewer than 1 case per 1,000 live births in every district of every country was declared at the World Health Assembly in 1989. The World Summit for Children in 1990 endorsed the goal to eliminate neonatal tetanus by 1995. Maternal tetanus, a disease of mothers that is directly related to neonatal tetanus, has now been added to the elimination goal. This inclusion recognizes that tetanus threatens mothers as well as babies during pregnancy and delivery, and that the elimination of tetanus benefits them equally.

30. Progress was made in 2000, as over 12 million women at risk were immunized with tetanus toxoid, a vaccination against MNT. UNICEF, at global, regional and

country levels, has provided technical as well as financial support for MNT elimination activities. Significant progress towards eliminating MNT already has been achieved in countries such as Bangladesh, Chad, Ethiopia, India, Myanmar and Yemen.

31. The strategy for progress in the elimination of MNT, as recommended jointly by WHO, UNFPA and UNICEF is:

(a) In high-risk districts/areas where women have not been reached by immunization services, conduct supplemental immunization activities to vaccinate at least 90 per cent of all women of child-bearing age with three properly spaced doses of tetanus toxoid vaccine;

(b) Maintain elimination in formerly high-risk districts by routinely vaccinating pregnant women through fixed sites, outreach or other methods.

32. The focus of global efforts with respect to MNT is now on the 57 countries that, as of mid-2000, have not yet eliminated MNT in all districts. While 22 of these countries are expected to reach the goal soon, many will require more time and special strategies to deal with accessibility problems characterized by limited or lack of immunization services, antenatal care and skilled birth attendants.

VII. Reducing measles mortality

33. Although annual reported measles incidence declined by two thirds between 1990 and 1999, it is estimated that over 30 million cases and 875,000 deaths from measles still occur every year. This represents 45 per cent of the estimated 2 million deaths caused annually by vaccine-preventable diseases in childhood. Long-term commitment is required to reduce measles mortality in a sustained manner. Special efforts are needed in some 23 countries, which account for over 85 per cent of all child deaths due to measles.

34. In the past year, UNICEF collaborated with WHO and other partners to develop a joint strategy to further reduce measles mortality by 50 per cent worldwide by 2005. This strategy, which was launched jointly by WHO and UNICEF in March 2001, calls for countries to:

(a) Provide the first dose of measles vaccine to successive cohorts of all children at age nine months or shortly after;

(b) Guarantee a "second opportunity" for measles vaccination, either through supplementary immunization activities or routine immunization;

(c) Establish an effective system to monitor coverage and conduct measles surveillance, with the integration of epidemiological and laboratory information;

(d) Improve the management of measles cases, including adequate supplementation with vitamin A.

35. UNICEF programmes will support countries in carrying out these strategies, as appropriate, through support to activities such as:

(a) Assessing progress on measles control;

(b) Identifying reasons for low routine coverage in certain districts and/or nationally;

(c) Developing a three to five year plan for measles mortality reduction as part of their overall immunization service development plan;

(d) Implementing strategies to improve routine coverage, to conduct supplementary immunization and vitamin A supplementation activities where needed, and to mobilize communities and household in the area of measles control.

VIII. Immunization in emergencies

36. During complex emergencies that result in displacement, existing immunization services become disrupted, leaving the youngest and most vulnerable children unprotected, especially against measles, an often-deadly disease under such conditions. Emergencies have a disproportionate effect on disadvantaged population groups whose pre-emergency vaccination rates as well as nutritional status are often below the national average. Support to immunization, in particular to measles vaccination, and to vitamin A distribution in emergency situations is, therefore, an essential component of UNICEF immunization strategies.

37. Successes have been noted during emergencies/conflicts in East Timor and Guinea, where collaborative efforts between UNICEF, other United Nations agencies, bilaterals and international NGOs to immunize children against measles resulted in preventing epidemics in these high-risk areas.

38. A coordinated and rapid response is essential to contain outbreaks of meningitis and yellow fever. UNICEF participates in inter-agency coordinating groups organized by WHO on meningitis and yellow fever for vaccine supply management. Financial as well as managerial challenges remain in conducting vaccination campaigns to contain outbreaks of meningitis and yellow fever in parts of Africa and Japanese encephalitis in parts of Asia.

IX. Conclusions

39. The underpinning of all strategies to reduce the burden of vaccine-preventable diseases is the sustained provision of good quality routine immunization services which are demanded, planned, managed, monitored and implemented in partnership with communities. These routine services must be complemented with supplemental immunization activities to achieve an adequate and timely reduction of the disease burden, especially among the most disadvantaged populations.

40. To fulfil its mandate to provide quality support to Governments and communities in developing sustainable immunization services, UNICEF will:

(a) Strengthen the capacity of regional and country offices to support the planning, implementation and monitoring of immunization and integrated outreach activities;

(b) Make resources from global initiatives available at local level in an efficient manner;

(c) Develop further the existing strength of UNICEF in supply operations, communication and advocacy;

(d) Ensure its full participation in global policy development for GAVI, MNT, measles, and "underused" and new vaccines.

41. To contribute, through support to strengthening immunization systems, to global development targets on child mortality reduction, UNICEF is cognizant of the challenges, such as the increased incidence of civil strife and substantial resource needs related to reaching the hardest to reach children. To overcome such challenges, partnerships for coordination and collaboration are essential. UNICEF will continue to collaborate with WHO and other United Nations agencies, bilateral donors, research institutions and NGOs in support of immunization programmes as part of integrated approaches to ensure "a good start for every child".

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UNICEF experience with sector-wide approaches and sector development programmes

Summary

The present report outlines UNICEF experience to date in countries where sector-wide approaches (SWAPs) have been pursued in recent years. It aims to identify, to the extent possible in the context of the often complex multiple-agency partnerships characteristic of SWAPs, the specific contributions of UNICEF to these partnerships. The report illustrates the increasingly systematic engagement of UNICEF with various sector-based approaches, especially in health and education, and how the organization brings to bear its multidimensional focus and mandate in the promotion of children's rights. The report further describes priority areas for the continuing engagement of UNICEF in SWAPs and sector development programmes.

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I. The context of UNICEF involvement in sector-wide approaches

1. A key strategy of UNICEF is to establish and enhance partnerships and alliances at all levels, in order to help build a child-friendly world in which the rights of children and women are respected, protected and fulfilled. At the country level, UNICEF programmes are implemented as programmes of cooperation with Governments, communities and civil society organizations. Effective links are also being established between UNICEF country programmes and the development programmes and programme frameworks of the United Nations system, multilateral organizations and bilateral partners.

2. UNICEF actively participates, and in many cases plays a lead role, in the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) process. Recently, the Poverty Reduction Strategy Papers (PRSPs) have emerged as an important instrument for addressing poverty reduction in a comprehensive manner — and channelling additional resources at the country level to basic social services. UNICEF remains an engaged partner in this process. Sector-wide approaches (SWAPs) and sector development programmes (SDPs) have rapidly become an important approach in: strengthening coordinated policy commitment for high-priority sectors; reducing aid fragmentation; promoting national ownership; and contributing to the impact and sustainability of development cooperation. UNICEF fully embraces this approach, and is actively cooperating with Governments, donors and United Nations agencies on SWAPs and SDPs in 18 countries worldwide. Through such involvement in development cooperation frameworks, UNICEF seeks not only to bring its contribution and added value, but also to advocate forcefully for the need to achieve greater coherence, complementarity and synergy among the different frameworks, from the perspective of the overall effectiveness and efficiency of development cooperation in support of national development priorities.

3. This document focuses on the SWAP instrument and outlines UNICEF experience to date in countries where SWAPs have been pursued in recent years. It aims to identify — as far as possible in the context of the often complex multiple-agency partnerships characteristic of SWAPs — the specific contributions of UNICEF to these partnerships. It illustrates the increasingly systematic engagement of UNICEF in various sector-based approaches, and how the organization brings to bear its multidimensional focus and mandate for the promotion of children's rights.

II. Sector-wide approaches

4. A SWAP, sometimes referred to as an SDP, is an integrated national programme for policy reform in a specific sector. It lays out goals and objectives, a comprehensive policy framework, an investment plan and an operational programme of work with specific expenditure plans. By establishing funding and collaborating partnerships to support its goals, a SWAP seeks to overcome the limitations of a project-by-project approach and to improve the impact and sustainability of development cooperation. An explicit and longer-term aim of many SWAPs is better coordination of development assistance through the regular government budget, and

avoidance of cumbersome separate funding or management arrangements linked to individual projects.

5. SWAPs evolved from earlier work on health care reform and from the sector investment programme (SIP), a World Bank lending instrument with the following features: sector-wide scope, a coherent sector policy framework, government leadership, donor commitment, common implementation arrangements, and minimum long-term foreign technical assistance. Since January 1997, bilateral and multilateral agencies have favoured the use of the term SWAP over SIP to characterize a varied approach to sectoral development.

A. UNICEF policy development and guidance on sector-wide approaches for field offices

6. Responding to the gradual emergence of SWAPs during the 1990s, UNICEF issued a detailed organization-wide information note in 1997, which provided the context for adjusting UNICEF country-level cooperation in the context of SWAPs, and highlighted issues to be considered in advocacy and programming. The note affirmed the conformity between SWAPs and the UNICEF country programming process, in which the Government takes the leadership and coordinating role, while promoting the strong participation of other stakeholders in the promotion of children's rights. The note encouraged the participation of country offices in SWAPs.

7. In September 1999, UNICEF issued comprehensive guidelines to field offices to encourage them to participate in SWAPs and to help address specific programmatic and operational aspects of the process. The guidelines covered the potential benefits of the approach; factors affecting the success of SWAPs; implications of SWAPs for UNICEF procedures; a check-list for participation in sector-wide programmes; measures to enhance organizational learning; and illustrations of the ways in which UNICEF could cooperate within the framework of SWAPs. Country offices were encouraged to contribute a UNICEF perspective to the design and implementation of SWAPs, and to assist national partners in ensuring that SWAPs reflected, as far as possible, the following areas:

(a) Key human and child rights principles of universality and non-discrimination; the right to survival and development; the right to participation and self-expression; and consideration of the best interests of the child;

(b) A holistic, child-centred approach which recognizes children as holders of rights;

(c) The incorporation of development goals and objectives in SWAPs that are relevant to children and women, and of key programme components that address their needs; and

(d) An operational approach which incorporates, wherever necessary, cross-sectoral perspectives, and which promotes the participation of local, civil society, and non-government stakeholders in the SWAP process.

8. Organizational learning and support to country offices have been enhanced through the establishment of a SWAPs focal point at headquarters; global and regional networks of SWAPs; and a series of regional meetings, bringing together

UNICEF headquarters and country offices and partners to consider the implementation of SWAPs.

B. Key areas of UNICEF engagement and support in the country programme context

9. UNICEF is participating in SWAPs in the following countries and areas: Bangladesh, Cambodia, Ethiopia, Ghana, Lesotho, Malawi, Mali, Mozambique, Peru, Papua New Guinea, Senegal, Uganda, United Republic of Tanzania, Viet Nam, West Bank and Gaza, Yemen, Zambia and Zimbabwe. The majority of these SWAPs are in Africa, in the health and education sectors. UNICEF has been involved in the design and formulation of SWAPs; partner coordination; technical assistance in sector reviews and evaluations; cross-sectoral coordination and support to innovation; mitigation of unwanted results at the onset of a SWAP; and supply of goods.

10. These potential UNICEF contributions are typically identified during the development of a UNICEF-assisted country programme, as well as through the UNDAF. Such strategies are shared with the Executive Board in the country note. The specific nature of UNICEF support is further detailed in subsequent programme plans of operation, which tend to be sector based and coordinated by an individual government ministry. Hence, the UNICEF programme approach corresponds to and supports SWAPs or other sector-based reform initiatives where they exist.

11. For ongoing country programmes, annual reviews or mid-term reviews provide a flexible mechanism to adjust UNICEF support in response to emerging SWAPs, within the scope of the master plan of operations and the country programme recommendation approved by the Executive Board.

C. Support to the design and formulation of sector-wide approaches

12. UNICEF has supported the integration of goals, targets and priority actions relating to children and women into SWAPs and other sector reforms in a number of countries, often drawing upon the most recent UNICEF-sponsored situation analysis of children and women, the results of multiple indicator cluster surveys, and the CCA. Based on its experience in support to local development initiatives, UNICEF has injected community- and district-level concerns into sector policy dialogue and has advocated emphasis on equity, participation and cost-efficiency. In Zambia, UNICEF collaborated with the World Bank and bilateral donors in supporting the national Health Reform Implementation Team in the articulation of national health policies and strategies (in 1991), and in the development of the first National Health Strategic Plan (in 1993-1994). UNICEF also sponsored a national effort to determine the cost of the Primary Health Care Package (in 1992). In Malawi, UNICEF co-funded the joint review of the education sector and, in 2000, provided technical inputs for the development of priorities in the Policies and Investment Framework (PIF). In Ethiopia, UNICEF was an early supporter of the education and health sector development plans. In Uganda, UNICEF was instrumental in the inclusion of specific issues affecting the health of children and women in the minimum essential health care package, as part of the Policy and Strategic Implementation Plan.

13. In Ghana, UNICEF and other international partners assisted the Government in developing the medium-term strategic plan of the health SWAP between 1993 and 1995, translating this document into a Five-Year Programme of Work in 1996, and identifying and achieving agreement on 20 indicators for monitoring sector performance. The indicators include availability of essential drugs, immunization rates, number of children sleeping under treated mosquito nets, and expenditures on exemptions for people unable to pay fees. In Mali, UNICEF supported the situation analysis and annual reviews of the health SWAP (PRODESS) launched in March 1999. In Senegal, UNICEF staff participated in policy reviews, priority setting and identification of a minimum essential health package for the integrated health programme for the period 1998-2002.

14. UNICEF chairs the Health, Population and Nutrition Consortium in Bangladesh, which includes all bilateral and multilateral agencies working in these areas. The Consortium provides technical and policy support, and in 1998-1999, UNICEF played a key role in consultations on the Bangladesh health sector SWAP. More recently, UNICEF has been approached to help establish a coordination unit for the SWAP.

15. Initially, UNICEF was engaged primarily in health SWAPs. However, as described in more detail in the Report of the Executive Director (Part II) (E/ICEF/2001/4), UNICEF has increasingly provided support to the design of education SWAPs. Recently, UNICEF supported the formulation of a national policy on school clusters in Ethiopia and, together with other United Nations agencies, the mainstreaming of life skills education in the primary school curriculum in Malawi. In the late 1990s, UNICEF supported the inclusion of community school and gender-related components in the basic education sector plan in Zambia, based on pilot experience from its ongoing programme of cooperation.

D. Partnerships and stakeholder collaboration

16. UNICEF was one of at least 30 stakeholders in the Eastern and Southern Africa region collaborating with Governments in the context of sector reform. Partners included both bilateral and multilateral agencies, and often involved the United Nations Development Programme (UNDP), World Health Organization (WHO), United Nations Population Fund (UNFPA) and United Nations Educational, Scientific and Cultural Organization (UNESCO). UNICEF helped coordinate the water and sanitation SWAP in Mozambique, the health and education task forces in Ethiopia, and a health sector working group in Malawi. UNICEF has been a member of the Steering Committee for Health in the United Republic of Tanzania, a member of a SWAPs advisory committee in Uganda, and one of the principal partners in the education sector development group in Zambia.

17. At the global level, UNICEF has participated in the Inter-Agency Group (IAG) on SWAPs since 1997. The IAG has facilitated networking among senior technical staff in international development agencies, and commissioned a review of five country experiences on SWAPs in 1999. Through their Coordinating Committee on Health, UNICEF, WHO and UNFPA prepared a report on SWAPs for the April 2001 meeting, which identified specific contributions that the United Nations system brings to SWAPs. These forums help to create an enabling environment for sectoral work through global advocacy and meetings; play a role in highlighting the

importance of investing in social sectors in poverty reduction programmes; and contribute technical experience. United Nations agencies also have a high level of credibility with national Governments.

E. Technical assistance, including joint reviews

18. UNICEF technical staff have served on a number of design, review and evaluation teams for ongoing SWAPs, and have provided leadership in such areas as immunization, community-based initiatives, gender analysis, HIV/AIDS, teaching and learning packages, life skills education and emergency preparedness and response. In the United Republic of Tanzania, the UNICEF team contributed extensive organizational experience in support of district planning. In Ethiopia, UNICEF assisted in the coordination of the mid-term review of the education and health sector development programmes. In Malawi, UNICEF, the Danish International Development Agency (DANIDA) and the Norwegian Agency for International Development (NORAD) provided technical and financial support in 2000 to a joint review of basic education and the development of a plan for the subsector. UNICEF is also a co-chair of the working group responsible for defining the essential care package for the health SWAP. In Zambia, UNICEF coordinated the high-level review of the health sector SWAP, which was chaired by the former Director-General of WHO in September 1996. In Ghana in 1998, UNICEF staff served on the Ministry of Health Steering Committee on HIV/AIDS and supported studies on equity and the control of epidemics. From 1997 to 2000, UNICEF participated in other health sector reviews. Such reviews have helped improve the national health planning process and have served to draw attention to issues needing further attention in the SWAP framework.

F. Cross-sectoral work and support to innovation

19. UNICEF contributed to the consideration by national counterparts of such cross-sectoral priorities as the control of micronutrient deficiencies, protein-energy malnutrition, HIV/AIDS, gender mainstreaming, emergency response, and the promotion of community-based activities. UNICEF has played a central role in support to government efforts to combat iodine deficiency disorders (IDD), an important objective in a number of countries with SWAPs. In Ghana and Senegal, UNICEF forged a successful alliance between the Governments and the private sector, the primary source of salt for the subregion. UNICEF helped the Ministry of Health to document the epidemiology of IDD, publicize the study findings and develop programmatic responses, including public education on benefits of iodated salt and introduction of technologies and legislation on the sale of uniodated salt. Other key partners in the control of IDD have been WHO and the International Council for the Control of Iodine Deficiency Disorders (for technical support), with funding from the Governments of Canada and the Netherlands, the World Bank and Kiwanis International.

20. Control of HIV/AIDS and mitigation of its impact on the rights and well-being of children and other vulnerable populations in Eastern and Southern Africa is being pursued in more than a dozen countries. UNICEF often takes the lead in advocacy and technical support within the Joint United Nations Programme on HIV/AIDS (UNAIDS) group of co-sponsors. In Zambia, UNICEF was instrumental in

providing technical assistance in determining the cost and in finalizing the national strategic framework on HIV/AIDS, sexually transmitted infections and tuberculosis (2001-2003), and in facilitating the coordination of technical groups on mother-to-child transmission of HIV and on voluntary counselling and testing.

21. Malaria control has become a national priority in countries adopting SWAPs, and UNICEF has collaborated with leading research institutions such as the Navrongo Health Research Centre in Ghana, the Tanzania National Institute for Medical Research, and the Tropical Pesticide Research Institute in Arusha, in testing the effectiveness of insecticide-treated nets (ITN). Once the safety and efficacy of the intervention had been established, UNICEF and several partners, notably WHO and the United States Agency for International Development (USAID), supported community-level promotion of ITNs and worked with the private sector to ensure a sustained and affordable supply of nets and insecticides. In Zambia in 1996, UNICEF assisted with the introduction of ITNs in rural communities in the remote Luapula Province. An international evaluation of this initiative in 1998 concluded that the communities' understanding of malaria and use of ITNs had increased significantly and that the initiative was appropriate for expansion. Experience gained is now reflected in national health sector plans to combat malaria in endemic countries and to control pneumonia, one of the leading causes of death of children.

22. UNICEF also collaborated with the Medical Research Council in the Gambia in 1994-1996 to determine the efficacy of the haemophilus influenzae type b (Hib) vaccine against bacterial pneumonia in tropical settings. After a successful trial, efforts are currently under way to improve the access of children in developing countries to Hib and other new vaccines. This is being pursued through UNICEF procurement facilities and through the Global Alliance for Vaccines and Immunization (GAVI). UNICEF provides procurement services to many countries in the implementation of sector-based programmes, especially for vaccines and immunization supplies.

23. Findings of pilot studies carried out in the late 1990s by UNICEF and the Bangladesh Rural Advancement Committee, a non-government organization (NGO), have supported the design of the Bangladesh Integrated Nutrition Project and the National Nutrition Project, two initiatives to which SWAP principles are being applied. UNICEF is now being encouraged to take the lead in supporting communication for behavioural change, with funds provided under an International Development Association credit agreement with the Government. Similarly, learning methods generated from the UNICEF-supported Intensive District Approach for Education for All (IDEAL) initiative have been adopted more widely to improve the quality of primary education in Bangladesh.

24. In Ghana, UNICEF helped the Ministry of Health establish a system for monitoring health activities in all communities of the country's largest region. In its first year of operation in 1998, the initiative was credited with notification of over 60,000 unregistered births, and with the detection of outbreaks of cholera and anthrax. A recent evaluation of the initiative documented improvements in relationships and communication between health authorities and communities and increased frequency of contact with health workers. Expansion of the system to other regions of Ghana is currently under way, as part of the Ministry of Health sector-wide activities.

G. Supply of goods

25. A long-term objective of the health ministries in some SWAP countries is the development of procurement capacity. While supportive of this plan, UNICEF has continued to provide Governments access to the organization's economical bulk purchasing of such items as vaccines, micronutrients and medical equipment. UNICEF operational capacity continues to help improve the forecasting of essential goods and the supply delivery system at country level. In some cases, as in Bangladesh and Ghana, UNICEF has provided technical assistance for the procurement of supplies using its own resources or funds from other stakeholders in the health sector.

III. Lessons learned from UNICEF experience

A. Local adaptation

26. The application of key principles of SWAPs differs significantly, partially because of varying policies, preferences for phase of implementation, and capacity among national counterparts. Through its decentralized and country-based programming approach, UNICEF is able to support national counterparts in their tailoring of general SWAP principles to local needs and priorities. UNICEF works with other stakeholders in support of medium-term capacity development, especially at subnational levels, as seen in Ghana, Uganda and Zambia.

B. Partnerships

27. UNICEF country offices can be instrumental in the formation of partnerships in support of SWAPs, based on solid experience in supporting national coordination in social development sectors. This experience includes a lead role in facilitating partnerships and coordination of sectoral activities prior to SWAPs. In Cambodia, Mozambique and Uganda, UNICEF enjoys the confidence of the Governments because of prior collaboration during periods of civil unrest and rehabilitation. With a multidisciplinary team of professionals, UNICEF can draw attention to crosscutting issues affecting children and can strengthen linkages with ministries, local authorities, NGOs and communities.

C. Management of transition

28. Specific measures are often needed to sustain ongoing programmes for children while a SWAP is being established. The expanded programme on immunization in Ghana offers a good example of the effective integration of a vertical programme into a SWAP. The programme has achieved sustained improvements in immunization coverage rates throughout the SWAP period, a finding that contrasts with trends in some other countries. Similar approaches can be used for integrating other existing interventions into a SWAP initiative.

D. Financial resources

29. One aim of many SWAPs has been to mobilize new funding for the sector, in support of national development priorities. In some cases, Governments have sought to pool funds at the programme or project level within a sector. As with several other United Nations agencies, UNICEF functions primarily as a collaborating partner rather than as a funding partner/donor, with relatively limited direct financial contributions to Governments. Specific financial inputs are directed to the support of identified activities within annual project plans and are governed by UNICEF financial rules and regulations, including provisions for reporting on, and liquidation of, cash assistance. These procedures are designed to assure accountability and enable UNICEF to report to its funding partners on resources deployed and results achieved. Within this accountability framework, UNICEF has piloted the use of block funding at the project and district levels within a limited number of sector development frameworks, where the activities to be supported have been clearly specified.

30. More generally, the methods employed by national counterparts for channelling international funds tend to vary between countries and can be influenced by, inter alia, capacity of Governments to manage funds, adequacy of control measures, type of partnerships and donor preferences. Also, the modalities in individual countries are likely to evolve as SWAPs mature. Improvements in the setting of targets, specification of activities, transparency and financial management, and the strengthening of monitoring systems and reporting capacity may provide the environment required for the pooling of funds.

E. Human resources

31. SWAPs have significant human resource implications for Governments and international partners. Growing participation in SWAPs has increased the need for UNICEF staff with skills in policy analysis and advocacy, with particular emphasis on the integration of child-specific issues and gender concerns, from the early stages of SWAP development.

IV. Areas for future focus

32. SWAPs often have a positive effect on resource mobilization for social development, the creation of effective collaborations, and generation of a common vision and widely shared objectives. The challenges identified in some countries include a limited capacity for sector-wide planning, implementation and management, a lack of meaningful community participation, and the need for stronger communication between central and subnational authorities. These are areas in which UNICEF can often contribute significant experience. UNICEF is increasingly strengthening its capacity to provide support in the formulation, management and review of SWAPs or their precursors.

V. Conclusion

33. SWAPs and SDPs harmonize objectives and strategies and are important instruments for improved partnership and commitment at the sectoral level, in the context of overall development cooperation. UNICEF remains a committed partner in SWAPs and SDPs, and, while many challenges exist, the organization has made valuable contributions to the process.

34. The UNICEF country programme approach and its mechanisms for strategy development, programme formulation and review provide the foundation for effective support to SWAP initiatives. UNICEF will continue to systematize its support to SWAPs; reflect the priorities and components of SWAPs in areas earmarked for UNICEF support; further develop its experience in identifying UNICEF comparative advantage and added value; and strengthen the skills profile of its staff to provide high-quality, knowledge-based support in fulfilling these roles. UNICEF, as a member of the United Nations country team, will also support effective links between SWAPs, PRSPs and CCAs/UNDAFs.

35. The following represent priority areas for UNICEF ongoing engagement with, and support to, SWAPs and SDPs:

(a) Continued participation in SWAP consultations through analysis of the situation of children, sharing experiences in community-based interventions and supporting the strategic design, formulation and performance of SWAPs to achieve outcomes for children;

(b) Provision of technical support for SWAPs to reflect and incorporate priority objectives and components for children and women, especially for girls and the most excluded and impoverished population groups, and to support consistency of SWAP strategies with human rights principles;

(c) Assistance for the incorporation of such cross-sectoral concerns as nutrition, gender, participatory approaches and emergency preparedness, and for the promotion of linkages between sector strategies and broader frameworks, such as poverty reduction strategies;

(d) Advocacy for UNICEF organizational priorities, including the prevention of HIV/AIDS among children and adolescents, integrated early childhood development, and the reduction of violence against, and abuse of, children and women;

(e) Facilitation of participation of civil society, NGOs, local government agencies and community groups in the design and implementation of SWAPs, and in the monitoring of their impact;

(f) Increasing collaboration with other United Nations agencies to strengthen the compatibility and consistency of CCA/UNDAF and sector-wide initiatives;

(g) Further development of UNICEF staff capacity to contribute to SWAPs and other nationally formulated cooperation frameworks such as PRSPs, with a focus on policy analysis for social development, promotion of a child rights approach, and development of strategies for gender mainstreaming and reaching the poorest and most excluded families; and

(h) Continued review of experiences and documentation of innovations and good practices in the context of SWAPs, both internally and in collaboration with national partners, NGOs, and bilateral and United Nations agencies, including the World Bank.

VI. Draft decision

36. The Executive Director recommends that the Executive Board approve the following draft decision:

The Executive Board

1. *Takes note* of the report on sector-wide approaches (SWAPs) contained in document E/ICEF/2001/10;

2. *Also takes note* of the report submitted to the third session of the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) on "Sector-wide approaches for health and development: the role of organizations of the United Nations system" (CCH3/01/3);

3. *Endorses* the views expressed by the members of the CCH at the third session, notably the definition of SWAPs and the reaffirmation of the important role of United Nations agencies in SWAPs, given their expertise and experience in development work;

4. *Requests* the Executive Director to sustain the increasingly systematic engagement of UNICEF in various SWAPs, especially in health and education, including its overall advocacy for child rights and disparity reduction, and its promotion of cross-sectoral issues and partnerships with communities, civil society and other stakeholders;

5. *Further requests* the Executive Director to report, in the country notes and mid-term reviews and evaluations of country programmes, on progress achieved in SWAPs.